ARKANSAS INSURANCE DEPARTMENT RATE FILING ABSTRACT

Insurer Name:	PROGRESSIVE CLASSIC INSURANCE COMP	PANY				Contact Person:	James Roche
NAIC Number:	42994					Signature:	
Name of Advisory Organiza	tion Whose Filing You Are Referencing		N/A			Telephone No:	(804) 364-6649
Co. Affiliation to Advisory O	rganization: Member	•	Subscriber	Service Purchaser			
Reference Filing #:	N/A		-	Proposed Effective Date:	05/25/2007	-	

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Indicated %	Requested %		Loss Cost	Selected	Expense	Co. Current
LINE OF COVERAGE	Rate Level	Rate Level	Expected	Modification	Loss Cost	Constant (if	Loss Cost
By Coverage	Change	Change	Loss Ratio	Factor	Multiplier	applicable)	Multiplier
ВІ	-3.1%	-3.1%	75.4%	N/A	N/A	N/A	N/A
PD	-3.5%	-3.8%	75.4%				
UMBI	4.9%	2.8%	75.4%				
UMPD	-3.4%	-4.6%	75.4%				
PIP	-5.5%	-5.4%	75.4%				
COMP	-6.8%	-8.6%	74.1%				
COLL	0.1%	-1.5%	74.1%				
TOTAL OVERALL EFFECT	-2.8%	-3.6%	74.9%				

N Apply Loss Cost Factors to Future Filings? (Y or N)

| Stimated Maximum Rate Increase for any Arkansas Insured (%)
| Estimated Maximum Rate Decrease for any Arkansas Insured (%)

5 Year History

Rate Change History			AR Earned	Incurred	Arkansas	Countrywide	
Year	Policy Count	%	Eff. Date	Premium (000)	Losses (000)	Loss Ratio	Loss Ratio
2005	2239	-	-	5545	3047	55.0%	52.4%
2004	3687	-0.2%	04/08	8048	4389	54.5%	51.3%
2003	4658	0.7%	11/03	11514	7438	64.6%	57.5%
2002	6122	4.9%	4/03	14019	8445	60.2%	59.9%
2001	6397	5.0%	9/02	10247	6326	61.7%	61.3%

Corresponds to Question 3 on RP-2 or RF-WC

	Selected Provisions
A. Total Production Expense	15.8%
B. General Expense	2.2%
C. Taxes, License & Fees	4.2%
D. Underwriting Profit &	
Contingencies	4.0%
E. Other (Explain)	0.0%
F. Total	26.2%
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